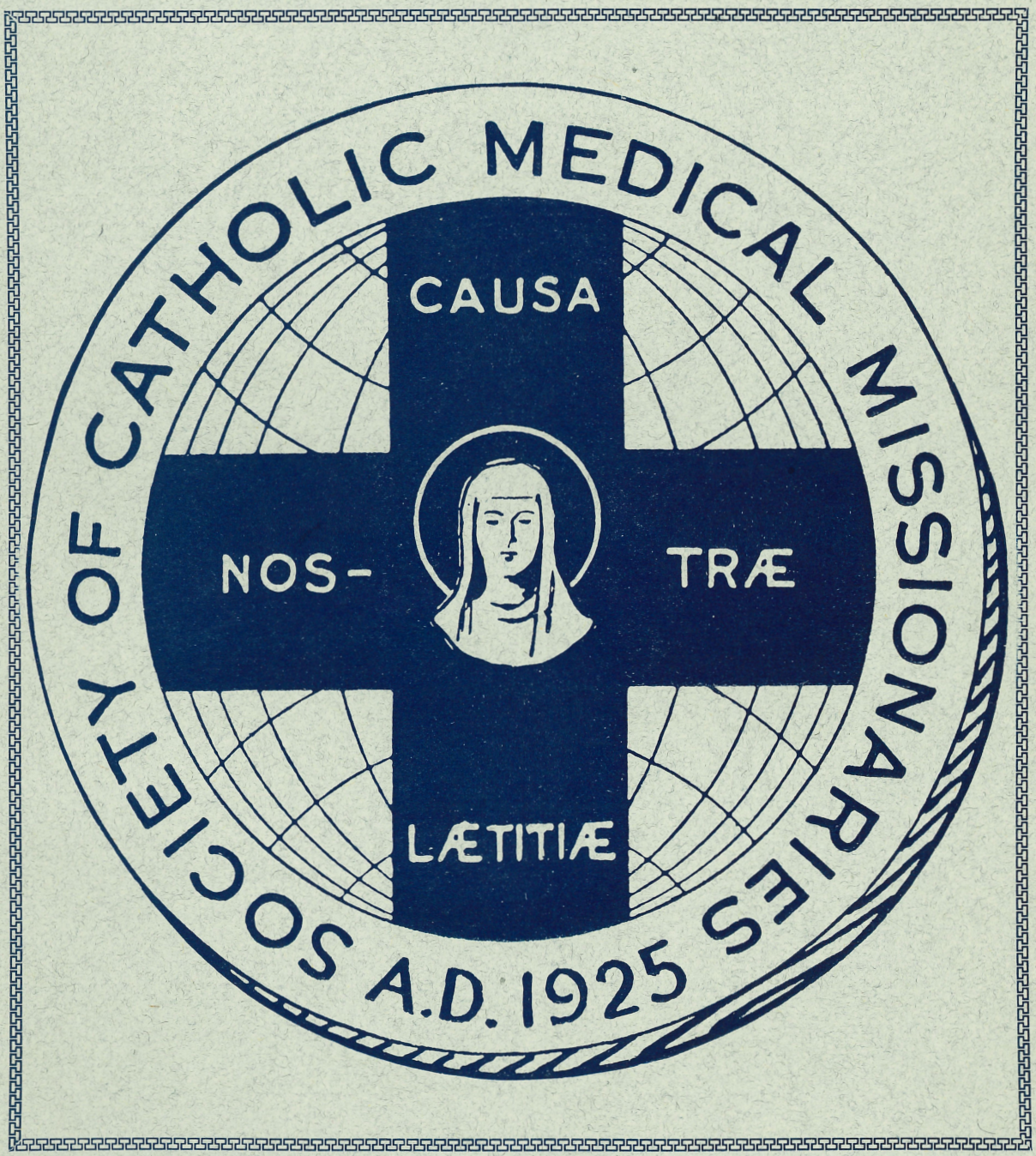
The Medical Missionary



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THE MEDICAL MISSIONARY

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MARCH MISSION INTENTION — SEMINARIES IN CHINA

Existing conditions are forcing the Church into closer contact with the people of eastern countries. Every hour is precious. Who will bring the Church into the life of the Far East? Not the priest of the West but sons of the Far East! Priests who understand thoroughly the souls of their people. Herein lies the power of a native clergy.

"I say to you, the work of educating a native clergy is important, yes, the most important of all." (Cardinal von Rossum.) Why should the sons of the Chinese people be barred from high ecclesiastical positions? These people have produced and given to the world great men in the realms of education, arts, and politics. They have given to the Church a glorious band of martyrs.

"If you (the Apostolic Prefects and Vicars) do not work with all your might to accomplish this (i.e., build up a native clergy), we maintain that your apostolate will not only be crippled but will prove to be an obstacle and an impediment to the establishment and organization of the Church in those countries!" (Pius XI.) Pope Pius himself consecrated the first six Chinese bishops. The Church will never become the Church of China until it is carried on in China by her own sons.

Already there are 278 Chinese priests members of religious orders and 1,553 Chinese secular priests working in the midst of their people. We rejoice in these numbers but we see in them more than mere numbers. We see the vital and mysterious force of God's grace. We will pray especially to the Holy Ghost during the month of March that He may pour down streams of grace on this immense country with its 400 million souls.

REV. HEINRICH GOERTZ.

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Our Patrons of the Month of March

The Annunciation

March the 25th is the patronal feast of our Society. It is the anniversary of the Incarnation of the Divine Word and—mystery of mysteries—God made the greatest event in the world's history depend upon the consent of a young maiden. Fortunately for us, her will was attuned perfectly to that of God and hence her "fiat" was wholehearted as soon as she was convinced that the angel's message was from heaven.

By her simple "fiat" Mary became the CAUSE OF OUR JOY. As soon as she had spoken it, He Who made her rested in her tabernacle and in due time became the Redeemer of the human race.

The results of Mary's "fiat" are overwhelming for time and eternity. Long and deeply could we ponder on it. Long and deeply, too, could we ponder on the many times in history and in each individual's life when human consent to a Divine inspiration did swing and will swing the balance on the side of untold good.

Mary, as the Morning Star, shines as a bright example. Would that we could say "fiat" with her disposition when our time comes to say "Yes" or "No" to a Divine inspiration or invitation.

Saint Joseph

Not a single word of Saint Joseph is recorded but some of his actions are. The few we know of are ample food for meditation and imitation. The Church brings him so close to our human frailties and needs, calling him "mirror of patience, lover of poverty, model of workers, ornament of home life, guardian of virgins, support of families, solace of the afflicted, hope of the sick, patron of the dying, terror of demons, protector of Holy Church." Who is there who does not feel drawn to appeal to him, at least under one of these titles, for particular, individual temporal and spiritual needs? And in these days of satanic defiance and blasphemy of God, how consoling to know of one who is "a terror of demons and protector of Holy Church."

During the month of March we shall invoke Saint Joseph more fervently under all the above titles for the Church, our benefactors and our Society.

Saint Patrick

In the annals of mission history Saint Patrick stands out as a giant of holiness and achievement. In his youth while tending sheep he could already say of himself: "I prayed frequently during the day. The love of God and His faith and fear increased in me more and more and the spirit was stirred, so that in a single day I have said as many as a hundred prayers and at night nearly the same." And after a long life of toil, teaching and preaching, he not only left Erin converted to Christianity but made her the mother of missionaries to this day.

Saint Patrick's sons and daughters carry the faith wherever they go and bring with it that indefinable charm which goes with the liberty of the Children of God.

Food: A Problem in the Tropics

By

SISTER M. LEONIE, S.C.M.M.

ALMOST everyone in this day and age is interested in food and its problems. The young woman wishes to remain, as far as her weight is concerned, within the limits set by modern fashion; the young sportsman would not grow too stout; the older generation will blame the ills and aches of advancing age on their diet, and diet fads will find a fruitful field among them. Yes, food is an interesting subject to a large percentage of the population.

There is no question, diet and health are closely linked. Food furnishes the fuel for the human engine; it builds up new tissue during the period of growth; it repairs the tissues which wear out in the daily battle for life; it supplies heat and energy. Food is essential for life and proper food is essential for health.

Briefly, there are three kinds of dietary disturbances which can result in malnutrition or disease. There can be an insufficient or deficient food intake, a lack of absorption from the intestinal tract, and a disturbed assimilation by the body tissues.

In the last 20 years much work has been done on the relation of vitamins and disease, so much so that the problem of deficiency diseases, that is diseases due to the lack of some essential food substances or vitamins in the diet, has overshadowed all other problems with regard to food. The matter of food intake is an essential one in the temperate zone. In the tropics the problem is intensified because of the high temperature, the lack of sanitation, ignorance, and human obstinacy.

The high temperature causes food to spoil more quickly, and spoiled food cannot be taken without the body paying for it with fever, intestinal upsets, and a loss of proper digestive function, sometimes for long years.

The lack of sanitation permits easy transmission of germs. Little stalls of sweetmeats, fruits, and soft drinks, literally covered with flies, abound in the Orient. The fly is the murderous carrier of diseases like typhoid, cholera, and bacillary dysentery.

The natives in some places have taken to the European diet of 50 years ago, which consisted mainly of white flour, canned meats, and sweets; in other places they are obstinately clinging to their own unhealthy way of handling food. The western man often dislikes native food, and therefore relies on food from home, which consists mainly of meat, bread, and potatoes—a diet McCollum so violently condemned. It is easy to open a can but far healthier to prepare a nutritious soup from the raw material at hand.

With regard to the absorption of food, various factors come into play. Disease of the lining of the intestinal tract, such as chronic dysentery, will cause disturbed absorption and consequent malnutrition. In rickets and possibly also in osteomalacia the absence of vitamin D in the diet causes a marked diminished absorption of calcium from the digestive tract. India's women living under purdah, with very little sunshine and very little vitamin D, and often with a very poor diet, have a high incidence of osteomalacia. As a result we have a good many cases of abnormal deliveries in our hospital in Rawalpindi.

Sprue, which is a disease of tropical countries, is characterized by profound anemia and most uncomfortable intestinal symptoms. It appears to be due to lack of absorption of the anti-anemic principle, but whether or not this is related to some vitamin deficiency is still discussed and studied.

Disturbed assimilation occurs in the tropics as well as in the temperate zones. An example is diabetes, where the tissues cannot use the sugar which is present in the blood stream due to a lack of insulin.

Although some diseases can be traced to disturbed absorption and assimilation, the majority are related to insufficient, unbalanced, or harmful intake of food.

In establishing dietary requirements the balance between generation and dispersion of heat should be of primary consideration. It is well known that some persons need more food and energy than others. Energy is measured in calories. A certain number of calories is essential for the maintenance of life itself. People vary in caloric requirements; a man needs more than a woman; in proportion to size, a child needs more than an adult. When people begin to work, a greater variation exists. A blacksmith requires more energy than a clerk. It would seem that in a hot climate less calories might be required, but this is not the case. Voigt has determined that the food requirements in calories under similar labor conditions are about the same in hot as in temperate climates. Therefore anybody doing hard physical work in the tropics has to have sufficient calories in his diet or he will run short of fuel, use his own tissue fat stored in the body for emergency and lose weight.

Of the three fundamental constituents of the diet, protein produces the most heat as compared to fat and sugars. Therefore a diet excessive in protein is essentially a "heating diet." Of the fat relatively more is converted into heat as

compared to sugar; moreover, it is more easily stored. This explains the natural dislike the average human being harbors against fat in a hot climate.

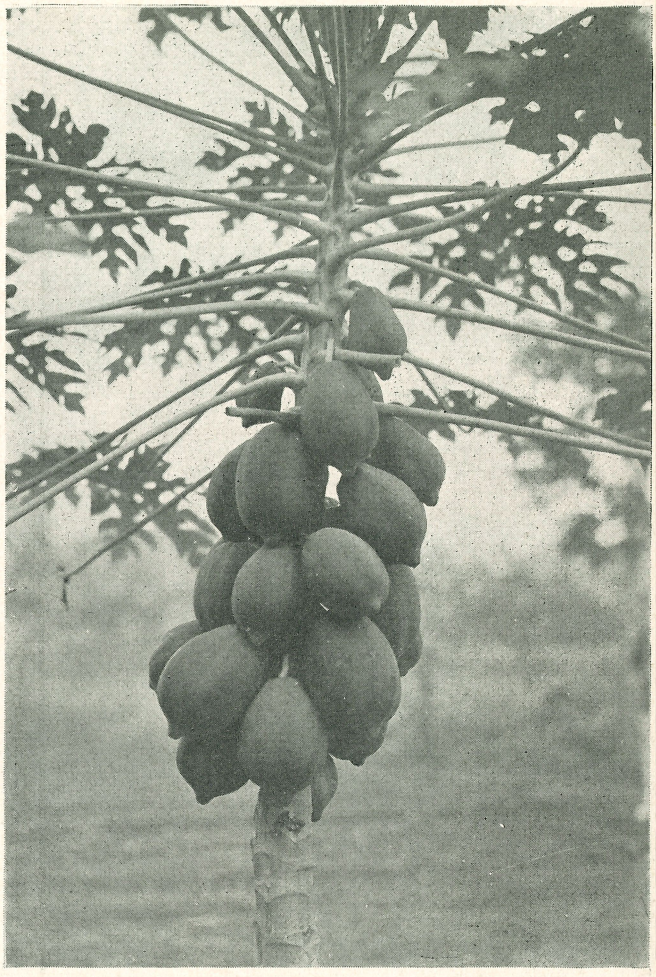
Stitt, however, states that "while fat has potentially a higher specific dynamic power than sugar, which is the most readily utilizable form of carbohydrates, the ingestion of the latter to excess as compared with the body's need for fuel at the time is even more likely than fat to cause extra production of heat."

Fats are necessary, however, and a minimum amount should be supplied. Lecithin is an important constituent of the body, forming part of the nervous tissue. In women and growing children a deficiency of lecithin in the blood is often observed. According to Sundstroem, lecithin is of value in the treatment of tropical debility. A missionary Sister had to leave her post and return to the States due to unexplained general weakness. A thorough examination in a New York clinic revealed nothing abnormal except a low blood lecithin, due most likely to a low fat diet in the tropics. With a properly balanced diet she quickly returned to a normal state of health.

Although proteins are heat producing, there must be a sufficient protein intake. The body does not store protein and for that reason enough must be taken each day, otherwise the body will use its own tissue protein to the detriment of physical well-being. Therefore proteins and fats must be supplied in sufficient quantities and the remainder of the caloric demand made up by sugars and starches.

The mineral balance must be kept in mind, especially calcium and phosphorus, as they take care of bone formation. All the vitamin D in the world and plenty of sunshine is not going to prevent rickets or osteomalacia if the diet is deficient in calcium.

The matter of water intake is very important in hot climates. It is an essential agent for the dissolving of food; it makes up a large percentage of the body fluids; it acts as a solvent for the various metabolic products and aids in the elimination of waste material. Last but not least, it is a vital factor in the maintenance of body temperature. Evaporation is cooling, as we know. The invisible loss of water through the skin keeps the body cool. Normally, this loss is about 400 cubic centimeters daily, but during hot weather with profuse perspiration the water loss through the skin may easily reach 1,500 cubic centimeters a day. An average of 5,000 cubic centimeters



THE PAPAYA TREE

The oblong, yellow fruit is very large. It is eaten raw, boiled as a vegetable, pickled, or preserved. It is the staff of life to many people in the tropics.

Little stalls of sweetmeats, fruits and soft drinks, literally covered with flies, abound in the Orient. (The picture doesn't show the flies!)

Frequently the babies are brought to the hospital practically dying for want of fluids.

(about five quarts) of fluid intake is sufficient for the body's needs. This need not be taken as water, but represents the amount found in the water content of ordinary food, of tea, coffee, milk, and other beverages. Sufficient water intake may mean the difference between health and disease, life and death.

Many native mothers in the Orient think that water is harmful for their babies, which misconception contributes to the high death rate among the little ones. Frequently the babies are brought to the hospital practically dying for want of fluids. Water is seldom given to either adults or babies if there is any fever, no matter how high the fever may be.

The main dietary rules to remember in the tropics, therefore, are: a diet sufficient in caloric value, with enough proteins and fats, and containing the necessary vitamins. The food should be freshly cooked and free from contamination. Salads ordinarily cannot be trusted to be free from harmful bacteria. Fruits should be peeled before eating. Plenty of fluids should be taken.

For natives the danger of infection is less, as most of those who have reached adulthood have acquired immunity in varying degrees. They still suffer, however, from many diseases which could be better controlled if the people would learn what to eat and how to prepare their food, and especially how to avoid contamination. It is up to the Medical Missionary to do her part in impressing this upon those who come under her care.

A hungry visitor. In India alone about 40,000,000 people have only one meal a day and in its times of famine hundreds of thousand die of starvation.

MEDICAL MISSION NOTES

(*Continued from page* 65)

island and whose memory is still revered among the people.

Father Beyzym went to Madagascar with the intention of devoting the remainder of his life to the lepers. The colony then lived in the most wretched conditions of squalor and degradation. Overcoming almost insurmountable obstacles, he built at Marana a splendid home where the unfortunate afflicted are now cared for with all the skill of modern science. Weakened from incessant toil, he contracted the dread disease and died a victim of the charity of Christ.—CATHOLIC MISSIONS, December, 1937.

A case of osteomalacia. A Hindu woman who has already had five caesarean operations at Holy Family Hospital. Every year there seems to be a further softening and collapse of the bones until now she stands only about three feet in height.

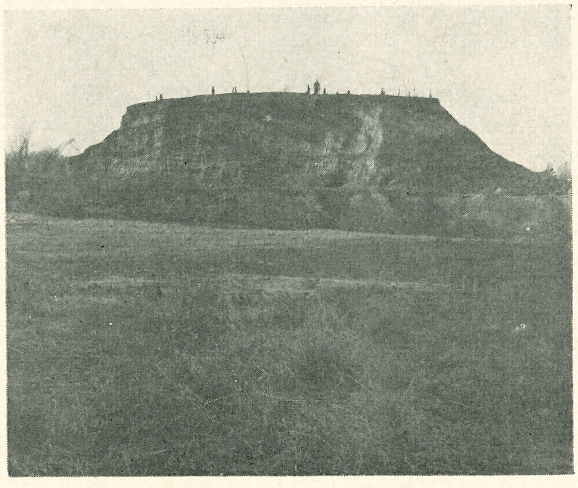
Moving Mountains

As Viewed From the Editor's Desk

They are moving the mountain from across the road! From where I sit typing all I need to do is to raise my eyes and I can watch the whole process. You may not consider it much of a mountain, that depends upon the topography of your own countryside, but as mountains go it is a fair size. From the top of it (we have gone there for walks) one can see 15 or 20 miles away into Maryland—well, 10 miles then! It is much taller than the Medical Mission House, and is three or four times as tall as the steam shovel which is taking big bites out of its side this minute.

The noise of the steam shovel reminds me that the mountain is being moved, even though I have my eyes fixed on a manuscript and my fingers are busy tapping the keys of the typewriter. Distracted, I look up again and ponder modern methods of mountain moving.

Besides the steam shovel there are three trucks and several men. One truck is waiting for a load. The steam shovel takes a big bite of dirt, swings around and drops the mouthful into the truck, takes another bite, drops it, and lo! the truck is full and drives away. Without any loss of time the next truck drives into place. This one takes three shovelfuls to load it, and as it drives away the third one takes its place. The first one is already on its way back. About three or four hundred feet away the dirt is being dumped over the side of the hill into the hollows.



What Is Left of the Mountain Across Our Road.

And that naturally brings to mind a scriptural text about the valleys being filled and the hills laid low. At any rate it is a thought-provoking scene to watch! And fascinating!

Yesterday some men went to the very top, where a few large trees and smaller brush were still standing. They cut down the trees and burned the brush. It is a little sad to have one's horizon spoiled so quickly, but there is the compensation of knowing that when the mountain is gone a new view will greet one's eyes. In fact, we have been on the other side and know what to expect: a little valley and then a slope leading up a well-wooded hill not quite so high as the one we are losing.

Moving Mountains in India

Mission work is sometimes discouraging! You hear the expression, "It's like moving mountains!" Which is quite true. But I'm finally convinced that mountains are movable, even mountains such as one finds in India!

There is the mountain of ignorance, the mountain of superstition, the mountain of pain, the mountain of filth. There are mountains and mountains and it seems as if the slow process of shoveling by hand is all we have at our disposal. If only we had steam shovels, figuratively speaking, with which to do the work!

The Mountain of Disease

India is almost one vast hospital, or rather a vast land of patients well-nigh without a hospital. Think of the mountain of sickness when with a population of 362,000,000 people it is officially estimated that one-third of them are suffering from malaria right now. Each year about 4,000,000 die of "fevers" and another million from such diseases as pneumonia, cholera, dysentery, plague, and smallpox. At the All-India Conference of Medical Research Workers held in 1936 it was stated: "This Conference believes that the average number of deaths resulting each year from preventable disease is about five or six million." One must remember, too, that in the survivors the lack of care means untold sufferings and chronic invalidism.

What a mountain of pain and suffering is due to the lack of proper medical care for mothers and babes. No wonder 2,000,000 infants, under the age of two, and 200,000 mothers die annually, due to a lack of sanitation or to barbarous native methods of delivery.

The Mountain of Ignorance and Superstition

The mother of the mountains of disease and superstition is perhaps the mountain of ignorance. Ignorance and superstition are easily mistaken for one another. It is so hard to dis-

tinguish between no information and misinformation.

How can you keep people from dying of malaria or snakebite when their religion forbids them to kill a mosquito or snake or any living thing? How can you induce them to take care of the little baby that was born under an unlucky star when they think it more kind to let the little one die than live the predicted life of misery?

Ignorance is hard to remove in a country where only two per cent of the women can read or write and where most of them are quite secluded—the seclusion being in ratio with their social prominence or wealth. It is difficult to persuade women to come out into the sunshine (in a land of sunshine they are suffering from a deficiency of the sunshine vitamin). A woman is considered an inferior being; child marriage is often a religious law; the woman is always in subjection, first to her father, then to her husband, and finally to her son. She is not considered capable of thinking for herself.

What a vast amount of useless suffering is caused because of hunger when religious laws forbid the killing of cattle but let them eat up the fodder that should be used for milk cows or useful buffaloes before they finally die of old age. Wasteful farming methods or lack of method and the poorest way of handling live stock has kept India near the starvation point, and thousands do die of famine periodically, although the land could easily support a much larger population if properly utilized.

Sikh Girls on Their Way to School. The mountain of ignorance is decreasing slowly but surely.

There are thousands of needlessly blind because of ignorance of asepsis, or the results of diseases such as smallpox and leprosy. Every year, especially in epidemics, hundreds of thousands die of cholera because they do not understand the necessity of using pure drinking water or how easily contaminated water may be made safe by boiling.

Mountains of Filth

When each new Medical Missionary arrives in India her first decision is "to clean up the place." One is appalled at the indifference to dirt and filth on all sides. After a while she discovers that there is a difference of opinion as to what constitutes dirt and the importance or non-importance of cleaning up. With the majority of the people soap is a luxury not to be considered and the idea of handing them a pail of water and a scrub brush with the injunction to "tidy up" is laughable.

It reminds one of the story of the British Colonel and his Indian servant. When the Colonel was ready to mount his horse he noticed that his boots were still covered with the mud of yesterday's expedition.

"Why didn't you clean my boots?" he asked the servant.

"Oh," the servant answered, "I didn't think it was of any use as they will soon get dirty again."

As the master drove out the gate the servant called after him: "Master, you forgot to leave me money for breakfast."

"Oh," the Colonel replied, "I didn't think it would matter as you will soon get hungry again."

Yes, it is all in the point of view. In the hospital wards, for instance, the patients' relatives scatter onion and orange peelings over the floor as they prepare the patients' meals and are rather amused when Sister insists that receptacles be used.

Faith Will Move Mountains

Faith will move mountains! Which may be interpreted in more ways than one. The mountains in India seem irremovable, yet they are decreasing in size slowly but surely. One sees a little improvement here and there, caused partly by laws and government persuasion, partly by business, travelers, movies; largely through the missionary efforts of both Catholics and Protestants. One must have faith—faith that mountains can be moved and the will to do one's part in moving them. It is mostly pick and shovel work.

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High Spots on a Mission Cruise

By

ANNA DENGEL, S.C.M.M., M.D.

Ceylon

WE LANDED in Colombo on March 4. The first thing that attracted my attention was a type of conveyance I had never seen before; it was a huge bamboo covered wagon drawn by buffaloes. The other thing that one could not possibly miss within the first five minutes on shore was a curio shop which was a regular museum of oriental fine arts. We could not feast our eyes very long, however, because we were called to take our places in the sightseeing cars which were to bring us to Kandy, the ancient capital of the inland.

For seventy-two miles we drove through a terrestrial paradise of palm groves and plantations of cocoanut, nutmeg, banana and rubber trees. We passed many neat-looking villages and market places. The houses are thatched with palm leaves or covered with rounded red bricks. The people looked so cheerful and happy; the children waved at us enthusiastically and seemed to enjoy the procession of cars.

The dress of the people is quaint and simple in the extreme, just a tight skirt and a jacket. The men above the coolie class wear a large semicircular tortoise shell comb set backward on their heads to keep their long hair in place.

We visited a tea factory on the way. The owner introduced us first to a group of tea-pickers, young Tamil girls, who had just come in with baskets full of fresh sprigs. He pointed out the unfurled leaves, very young leaves, and older leaves, all making different grades of tea. We then saw the process of getting it ready for the market. At first the leaves are spread out on trays for twenty-four hours and allowed to dry and wither. Then they are put into a machine which rolls them together and crushes them to liberate the juices. The machine also automatically sorts the leaves according to size. Next they are placed into an oven to dry. The so-called black tea is fermented, the green is not, which constitutes the only difference. The best tea is from the unfurled leaves, the so-called "golden tips." I bought a pound of this for thirty-seven cents. We were made to appreciate it when told that four hundred years ago, when tea was first introduced into England, we would have paid thirty dollars for the same amount. Only kings and rich merchants could then afford the cup that cheers.

By chance our party met an old Sinhalese gentleman, who invited us to see his home. He had been aide-de-camp of the late governor and a friend of King George. In less than five minutes we knew that he was very keen on racing and that his hobby is breeding Airedales and Danes. He does not confine himself to exotic pets, however, and showed us a *minah,* which is a favorite Indian talking bird, and two beautifully-marked poisonous snakes which he kept in a wire cage. He is a descendant of the Sinhalese kings and owns several estates. His mansion is surrounded by 300 acres planted mostly with coconut palms. It is filled with trophies and historic pictures; among the latter is one of Lord Kitchener, who had been a friend of his.

After this little meeting with the nobility of the country, we drove on to the Paradenya Gardens, which rank among the most famous botanical wonders of the world. They are only about four miles from Kandy. As we were not given much time, I made up my mind to enjoy the beauty and not trouble about names and varieties. I followed the guide, who plucked leaves here and there and crushed them in his hand and made us smell the perfume. Our olfactory organ is a wonderful masterpiece to be able to distinguish different scents and perfumes in quick succession. In the spice garden the air was filled with fragrance. Just now there comes to my mind two examples of perfect plant mimicry which I noticed there: one was the "scorpion" orchid, resembling that insect, and the other the "cobra" creeper, which one was glad to see at arm's length before being sure it was not real. We made another little halt before Kandy at the bathing place of elephants. Two of them were lying lazily in the mud, half immersed in water, while two others were earning their daily ration by performing tricks for us. The intertwining of their trunks was a picture of brotherly affection.

Kandy

In Kandy we drove straight to the "Temple of the Tooth." The architecture of the temple has a European touch, which is not surprising as it is said to have been built by Portuguese convict labor in the days of long ago. The famous "tooth" of Buddha we did not see. It is enshrined in an extremely precious reliquary which is taken out only once a year at a great festival and shown to dignitaries. We heard that the present "relic" is not the original one; that in the sixteenth century the Portuguese in their zeal seized the tooth, pounded it in a mortar, and scattered it to the four winds from one of their boats, and that the Buddhists replaced it by an ivory one 20 times the size of the original one.

A Buddhist monk in a saffron robe was our guide. He offered for sale little rolls of Buddhist scripture written on so-called *olas,* which are the dried leaves of the talipot palm. The writing was beautiful. A library which contains valuable Buddhist manuscripts and books is housed in a section of the temple.

Of the 5,000,000 inhabitants of the island, half at least are Buddhistic to this day. Three hundred years before Christ the Emperor Asoka is supposed to have sent his son and daughter to convert the people. There are, also, about 900,000 Hindus, 300,000 Mohammedans, and 500,000 Christians.

After lunch a dance was staged. The performers were young men and boys. One of the lads was remarkably graceful. After watching for a while, I took a rickshaw and drove to the Cathedral, only to find it closed. I could not wait until 3, when it was supposed to reopen. A Catholic young man took me to a few homes opposite the church; they were more or less on the Indian style, only all the drains were cemented.

I regretted very much not to have had an opportunity to visit the Papal Seminary founded by Pope Leo XIII. Time did not permit.

Colombo

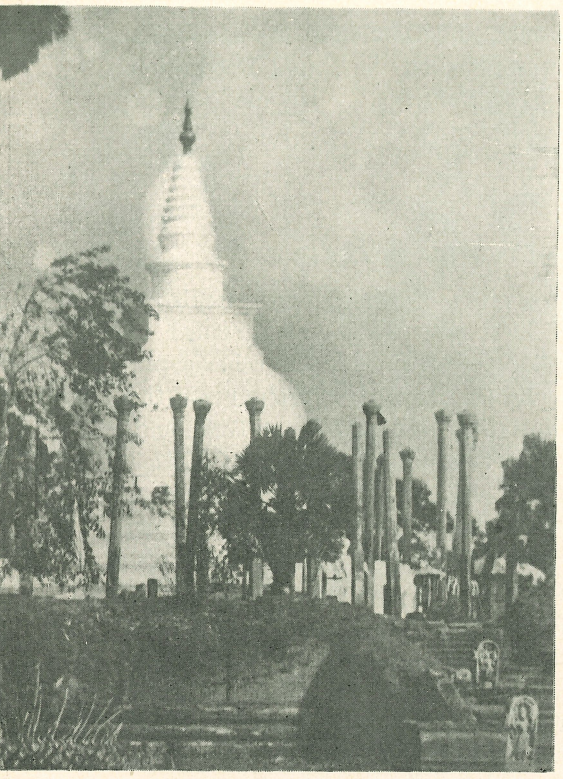
We returned to Colombo by train, which took us along another route. Descending, we realized how hilly Ceylon is. In the distance we could see real mountains. Whether we actually saw Adam's Peak or not, I do not know. Anyhow, legend has it that our forefather had the good taste to choose Ceylon as his abode when exiled from Paradise and at one time stood on the summit of the peak named after him. This peak is over 7,000 feet high, and Nurelya, the summer resort of the Governor and the white people in general, is about 6,000 feet above sea level.

The hillsides between Kandy and Colombo are striped with tea plants or terraced with rice fields, and the ubiquitous palms slant at every imaginable angle.

Colombo is a busy city with over a quarter

A young Colombo dancer who performed for us with remarkable grace and agility.

The first thing that attracted my attention was a type of conveyance I had never seen before; it was a huge bamboo-covered wagon drawn by buffaloes.



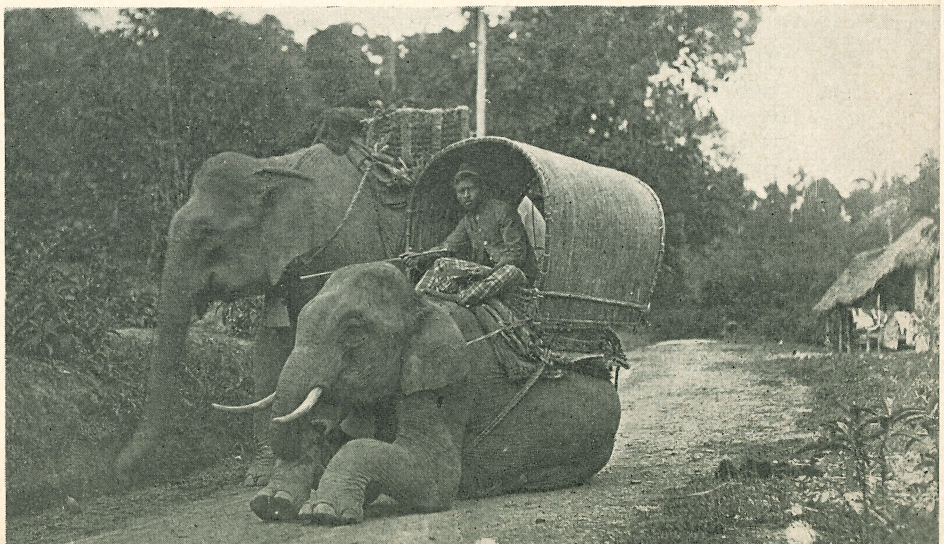
One of Ceylon's many Buddhist reliquaries.

million inhabitants. Being on the crossroads, it is very cosmopolitan, and having the distinction of being the capital of "the pearl of the Orient," it naturally draws many tourists. These are catered to by wonderful hotels and curio shops. Apart from pearls, Ceylon is famous for its rubies, carbuncles, sapphires, emeralds, opals, alexandrites, cats-eyes, and others. The vendors lure the passengers in: "Come, see famous Ceylon moonstone!" Almost every passenger bought an elephant of some sort, ivory or ebony, large or small, single or a row of them. I yielded to the temptation also and when on my return I found that this one was so much in demand, I was sorry that I had been so economical.

The last day we had a real tropical downpour which made it difficult to get about. However, I could not miss visiting the Franciscan Missionaries of Mary at the General Hospital, so rain or no rain, I had to get there. It was one of those occasions when my admiration and sympathy for the rickshaw coolies rose by 50 per cent. In rain or heat, they have to be ready to trot to any place for a mere pittance. My poor coolie had very few clothes on to get soaked, which was an advantage in this case. The nuns received me as an old friend and showed me the General Hospital, where they have been in charge of the nursing for many years already. There 75 nuns render God Samaritan service year in and year out. It is a huge place with a large main building and a number of temporary pavilions which are very practical and open to the fresh air winter and summer. In one pavilion I saw a row of pneumonia patients on one side and the typhoid cases on the other.

On inquiry I found that the prevalence of disease in India and Ceylon is very similar: dysentery, typhoid, hookworm, elephantiasis, tropical ulcers, yaws, leprosy, and in addition most of the diseases found in more temperate climates. Malaria is very common in Ceylon. As a matter of fact, in 1935 there had been such a widespread epidemic that one-sixth of the total population was sick; luckily, however, the majority recovered. The poor and badly housed and undernourished, of course, fell victim more

In Ceylon, modern vehicles have not entirely supplanted the regal elephants.



easily. Medically, the interesting part of this epidemic was that it differed from the well-recognized type in that the parasitic cells appeared green under the microscope, whilst the ordinary types are from light brown to black. In Ceylon, as elsewhere, malaria prevents the utilizing of extensive tracts of land.

The government spends one-eleventh of its income on public health and sanitation. There is a medical school in Colombo and there are a number of hospitals and dispensaries throughout the island. Missionaries also contribute their quota of service. The Franciscan Missionaries of Mary, for instance, conduct several leprosaria.

My visit to Ceylon was pleasant in every way, but I was not quite satisfied about it, as I had seen very little of the missions. Oblates, Jesuits, and Benedictine Fathers, aided by the Christian Brothers and several Sisterhoods, have flourishing missions.

From Ceylon we were bound for Malay, of which more in the next issue.

Tea Pickers in Ceylon.

General Maunsell

The notice of the death of Surgeon General Thomas Maunsell brought to mind my introduction to the Hindustani language. When I left for India in 1920, he sent me a little, neatly handwritten dictionary of Hindustani words and phrases compiled by himself so that I could study the rudiments of the language on the way. When one considers that he entered the Army Medical Service in 1860, it is not surprising that he made use of a handwritten dictionary.

Surgeon General Maunsell had a distinguished career in the army of Burma and India. He founded the English Catholic Doctors' Guild of SS. Luke, Cosmas, and Damien at the age of 70. In 1927 he was awarded the Papal Decoration "Pro Ecclesia et Pontifice." He died at the ripe old age of 98.

A. D.

Progress in India

At a meeting of the Punjab Nurses' Registration Council held recently it was decided to recommend to the Government the scheme put forward by Edith Brown, Principal of the Punjab Medical School for Women, Ludhiana, suggesting the formation of colonies of village workers. These colonies would consist of a medical woman, nursing sister, health visitor, two or three nurse-midwives, and a female dispenser living together in a group of houses built in one compound in the style of village houses.

Thus mutual safety and companionship would be insured to the workers. Their work would be entirely in rural areas among villages, and they would conduct a dispensary, visit villages within a radius of five to six miles and do welfare work and midwifery in the patients' houses, and, at intervals, give talks on health and hygiene to the women of the villages.

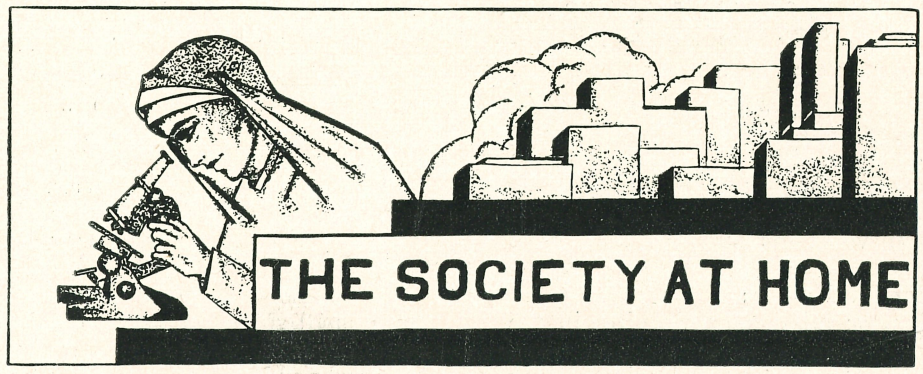
The question of appointing a trained nurse as Inspectress of Nurses and Registrar of the Council was also discussed, and it was decided that when the finances of the Council permitted the expenditure on such an appointment the matter would be considered.—THE C. M. GAZETTE, December, 1937.

R. I. P.

Please pray for the repose of the souls of—
Rev. John A. Sullivan, New Haven, Conn.
Very Rev. Wm. J. McMullen, Pittsburgh, Pa.
Rev. M. O'Sullivan, Chicago, Ill.
Mr. J. H. V. Reuser, The Hague, Holland.
Surgeon General Thomas Maunsell, England (Founder of the English Medical Guild of SS. Luke, Cosmas and Damien)
Sister Mary Consolata, Hartford, Conn.
Mrs. Helen Kenney, Chicago, Ill.
Mr. and Mrs. Emmanuel F. Van Dam, Staten Island, N. Y.
Mrs. M. Bartosh, Larksville, Pa.

Eternal rest give unto them, O Lord.
And let perpetual light shine upon them.
May they rest in peace. Amen.

Kindly send the names of recently deceased subscribers, friends and benefactors for inclusion in this obituary.



Ceremony of Profession and Reception

The Feast of Our Lady of Lourdes was the occasion of rejoicing at the Medical Mission House when 10 postulants received the habit of the Medical Missionaries, one novice, Sr. M. Michael, made her first profession, and two Sisters, Sr. M. Elise and Sr. M. Theophane, renewed their vows of poverty, chastity, and obedience and their mission oaths.

On account of lack of space, it was impossible to conduct the ceremonies at the Medical Mission House, therefore we are very grateful to the Very Reverend Francis P. Goodall, C.S.C., who once more kindly gave us the use of the chapel of the Holy Cross Foreign Mission Seminary for the occasion.

The Very Reverend Vincent Waters, Chancellor of the Richmond Diocese, sang the Solemn High Mass and presided at the ceremonies. He was assisted by Rev. Timothy Monahan, O.F.M., deacon; Rev. Heinrich Goertz, sub-deacon; Rev. Michael Mathis, C.S.C., master of ceremonies; Brother Bertrand, C.S.C., and Brother Manuel, C.S.C., acolytes; and Frater Theophane, O.F.M., and Brother Francis, O.F.M., thurifiers. Others present were the Reverend Fathers Ralph Denk, O.F.M., Charles Costello, O.M.I., Thomas Fitzpatrick, C.S.C., and Thomas J. Crowley. The sermon for the occasion was delivered by Rev. Timothy Monahan, O.F.M., who had conducted the eight-day retreat prior to the ceremony.

Sr. M. Michael, S.C.M.M.

Sister M. Michael, who made her first profession, is a sister of the celebrant, Father Vincent Waters, and a daughter of Mr. Michael Waters, of Roanoke, Va. She is a graduate of Nazareth Junior College, Nazareth, Ky. Sister M. Theophane is a native of Morganfield, Ky., and Sister M. Elise is from Baarn, Holland. A third member of the same group, Sister M. Thomas, of Albany, N. Y., who is already in Dacca, India, renewed her vows there.

The following postulants received the grey habit and the white veil of the Medical Missionary novice: Miss Phillis Everett, Floral Park, L. I., N. Y., known in religion as Sr. Jean Marie; Miss Anna Mueller, New York City, Sr. M. Josephine; Miss Maria Van Eijk, R.N., Amsterdam, Holland, Sr. M. Ancilla; Miss Isabella Webster, Ph.D., Minneapolis, Minn., Sr. M. Frances; Miss Gertrude Breath, New Orleans, La., Sr. M. Alphonsa; Miss Cornelia Ypma, R.N., Utrecht, Holland, Sr. M. Agatha; Miss Mary Helen Carroll, Baltimore, Md., Sr. M. Clare; Miss Ida Martini, New Haven, Conn., Sr. M. Peter; Miss Margaret Mary Wade, R.N., Lancashire, England, Sr. M. Cecelia; Miss Margaret Walter, Milwaukee, Wis., Sr. M. Christopher.

A Distinguished Visitor

Recently His Excellency, Rt. Rev. Msgr. Ignatius Krause, Prefect Apostolic of Shuntehfu, China, honored us with a visit. Msgr. Krause, who is a Polish Lazarist, had spent some time in the United States and was on the point of returning to his flock. His Excellency gave us much interesting information about China. The Catholic eye hospital in his Prefecture in charge of Rev. W. Szuniewicz, M.D., is the best of its kind in China; its fame has spread far and wide, even to the United States and Germany, from where several doctors have gone for experience. The nursing is in the hands of the Sisters of Charity.

A Voice From South India

As we mentioned in our last issue, the aim and purpose of THE MEDICAL MISSIONARY is to create a link between those in need of help and those who can help. The following letter is one of many we receive asking for Sisters or medical supplies. The answer to these letters depends entirely upon vocations and the help of our friends.

Dear Reverend Mother:

I am a poor missionary working in the hills of South India in the native state of Travancore. It is several years since I took charge of this Center and I am the only priest here. To help me there is a Congregation of Poor Clare Sisters who teach in the mission school, give catechism lessons, prepare the children for Holy Communion, etc. We feel the effect of the depression very keenly, and the political situation, too, is against missions and missionaries.

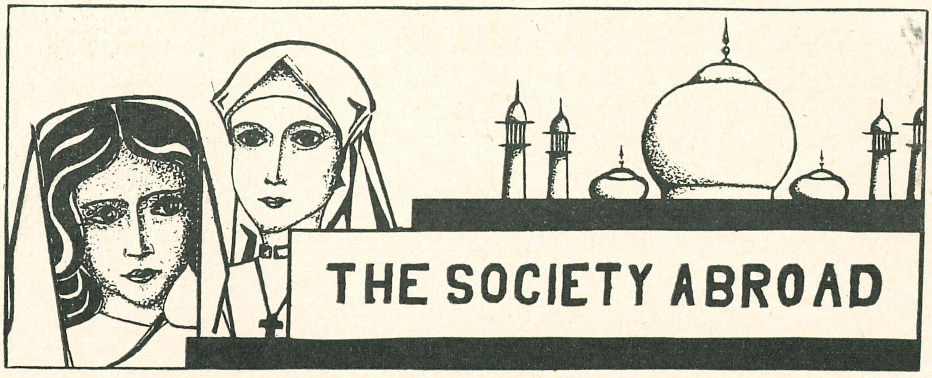
Picture of some of the Professed Sisters with the Novices taken on Profession Day.

Dear Mother, it is an admitted fact, experienced all over the world, that medical work is an essential factor today for a successful mission. My experience, too, in the field brings home this fact very strongly. I am sorry this very important factor is very much overlooked in the Catholic Missions of South India. The death rate is alarmingly high, especially among the women and children. Maternity and child welfare work is still unknown here. A little medical care and attention in time would have saved many women and children from premature death. Priests, Sisters and Brothers working hard in this tropical country are also faced with situations equally alarming. Many a young priest or Sister who enters a mission career full of vigor and enthusiasm and with very happy anticipations meets with sudden death in the very prime of life or becomes incapacitated for work due to one or other of the tropical diseases and want of medical care when attacked. Well-organized Protestant missions take advantage of this and make use of their mission hospitals as a means of disposing pagans to accept Christianity as well as to protect the precious lives of their own missionaries.

Dear Mother, this alarming sight made me weep many a time and pray much to the Lord of the harvest in the tabernacle to find some means to begin at least a dispensary on a small scale. A good lady in England is generous enough to send her papers to me regularly and among the papers I take much interest in reading the CATHOLIC FIRESIDE. In the October issue of the same I was happy to read an article on "The Society of Catholic Medical Missionaries." This reading I attributed to Divine Providence and I resolved to write to you, hoping that you will give me at least some help and advice. I have, dear Mother, no human means, but my firm hope in the Sacred Heart of Jesus and a determined will to work and suffer for this holy cause so much needed in South India. I am writing to ask you whether you will be able to send some Sisters to begin a hospital or whatever other help you could provide for my poor people, who are suffering from ailments of all kinds—malaria, typhoid, dysentery, etc. I will write more in detail after hearing from you. I take, dear Mother, this opportunity to wish you a very happy Christmas and a very bright New Year, and pray the Infant Jesus to bless you, to bless your Sisters, your Institute, and all your undertakings. Remember me, a poor priest, in your holy prayers.

Yours very sincerely in Christ,

REVEREND FATHER SEBASTIAN PINAKATT,
Sacred Hearts' Church,
Maniankunnum Poonjar,
Erattupette P. O.,
South India.



Rawalpindi

Address Holy Family Hospital
Murree Road
Rawalpindi, India

Holy Family Hospital Report

The number of in-patients and out-patients is still increasing each year, although, due to the need of a larger building, that increase is not so large as it might be. During the year 1937 there was a total of 1,270 in-patients and 10,039 out-patients treated in the hospital alone. The maternity cases were 33 per cent more than the preceding year.

Earthquakes!

Although earthquakes in the Punjab are not usually severe, they seem to have come more frequently in late years. Shocks were a little frightening in November and again in January. Clocks were stopped and two large cracks appeared in the walls of the operating room of Holy Family Hospital. It is a warning to us when we put up our new hospital (a dream of the future) to build low, and, if possible, to reinforce with steel. At least, we must mark down earthquakes in our calculations.

A Crib and a Coffin

Christmas news is a little late in arriving from the other side of the world, but this story touches our hearts. On Christmas Eve, Sister Michael, a missionary Sister of the J.M.J. Community, died in Holy Family Hospital. When the Sisters and nurses came to the chapel for Midnight Mass they found there not only a crib but a coffin—food for meditation. But *"Precious in the sight of the Lord is the death of His saints."* It was really not a sad death or burial; on the contrary, peace and joy filled the house. On Christmas morning the body was taken to Murree for burial in the Sisters' cemetery.

St. Francis Dispensary

In the process of getting acquainted with medical work in India, Sister Bernadette spends some time with Sister Ann in Saint Francis Dispensary. Here she discovered that one must be tolerant of native prejudices and superstitions to win the hearts of the people. She mentions one incident in the following letter:

"A little girl came for medicine and Sister Ann gave her a bottle. 'Will you please give it to me in MY *bottle?' She held out a dirty little medicine bottle. So Sister Ann obligingly spent six minutes scrubbing out the girl's bottle and refilling it from the other bottle, just to please the little Hindu."*

The Maternity and Child-Welfare Center

Some day when we have the space and the details we must give our readers a fuller account of Health Center work and home visiting, but in the meantime we get a glimpse now and then through the Sisters' letters. Speaking of the new Health Center in Rawalpindi, Sister Stephanie tells us the following incident:

"Very many children come to the Center each morning. As soon as the door is opened they flock in to have their sores and eyes and ears looked after, or just to drink their cod liver oil. The other morning I gave one boy a pail of water, a piece of cloth, and a bit of soap and told him to soak and wash his feet so I could see the sores. When I looked back a little later I saw about six boys all scrubbing their hands and feet in the same dirty water and enjoying themselves immensely. Don't ask me what the room looked like when they got finished."

Dacca

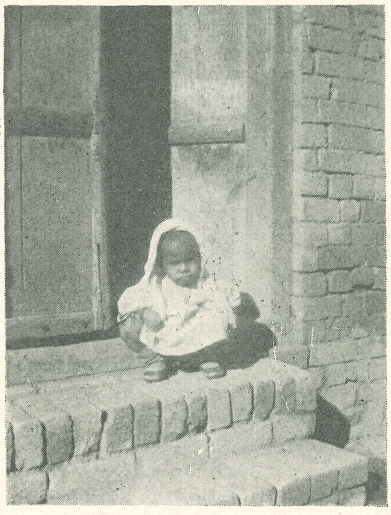
Address: Sister M. Helen, S.C.M.M.
Mitford Hospital
Dacca, Bengal, India

The Routine of Center Work

By Sister M. Helen, S.C.M.M.

The two Sisters in charge of the Health Center work have a little house and compound wherein they do their own housekeeping, while Sister Therese and I stay at the hospital. But we manage to get together frequently. The house has three fairly good-sized rooms, one of which serves for the chapel where they have Mass once a week. The other days they go to the Bishop's house for Mass, as it is within walking distance. It is in the better part of the city, the last house before the Mohammedan section begins.

Every morning, after Mass and breakfast, the Sisters leave the house about 7.30 and spend the first hour at the Centers holding dispensary, and the remainder of the morning is devoted to visiting the sick and caring for the mothers and babies in their homes. They return home between 12 and 1, and after their lunch, prayers, and rest, they go out again at 3 p. m. and return about 6.30. Besides this, they have considerable clerical work which they usually do at home: reports for the municipality, case records, etc.

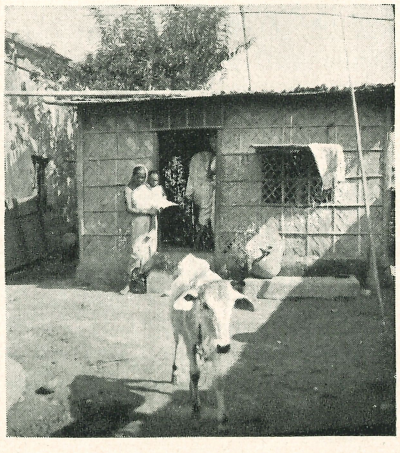


Awaiting Sister's Visit
St. Francis Dispensary

Perhaps you remember that apart from the work carried on at the Urdu and Narindia Centers, we have another Health Center at Rishipana, a cobblers' settlement. On Mondays, Sisters Therese and Joseph attend, and on Thursdays, Sister Thomas and myself. One Sister dispenses medicines and advises mothers about the care of their babies, while the other conducts a sewing class. As the cold weather is at hand, we took with us last Thursday a bolt of bright red jute flannel. It was raining and not many women were present when we arrived but soon the word went around that there was new red cloth being given out and within a half hour there were about 25 mothers on the scene, all clamoring for dresses for their babies and children.

As most of these women are not expert seamstresses, one Sister cannot manage more than 10 of them. If they are not closely supervised, we find that half the seams are sewed on the inside and half on the outside of the garment. What great disappointment there is when ripping is called for! Some made a great effort to finish their dresses that day, but it was impossible because darkness came on quickly. Of course, they wanted to take the dresses off unfinished but we couldn't allow that, for we knew very well that they would be worn with unhemmed sleeves and necks. When we left the women begged us to come early the next time so that they could get at least one dress finished in the afternoon.

You might expect the mothers to be quiet and contented when they get material for new clothes, but they have hardly begun to sew on one article before they are begging for cloth for another. This may sound as if they are ungrateful but it is not true. If you could see their extreme poverty you would not wonder at their continued begging. And who could blame a mother for not being content at seeing one or two of her children wearing warm frocks while the others are shivering with the cold?



Awaiting Sister's Visit
Maternity and Child Welfare in Dacca

Medical Mission Notes

India

"Governor General Lord Linlithgow, in an address before the Conference of Medical Research Workers, gave details of the organization and development of medical research in India since 1811. In 1920 was established the now famous School of Tropical Medicine in Calcutta by Sir Leonard Rogers. In 1932 was founded the All-India Institute of Hygiene and Public Health, the latter with the aid of Rockefeller funds.

"His Excellency gave details of some revealing figures of India's sufferings: Deaths due to lack of care in maternity cases are 1,500,000 to 2,000,000 per year. From plague and smallpox as many, and from cholera as many again. From tuberculosis, deaths in Bengal alone are 100,000 each year." THE SOCIAL ORDER, Allahabad, U. P., India, December 5, 1937.

India

"One of the most staggering features of Indian life of today is the illiteracy and ignorance of more than 90 per cent of the people, and for this no plea or excuse will ever be accepted by any impartial historian. One other vital weakness about which Indians feel bitterly is that *they have not been adequately trained to defend their own health and home.*" Vice Chancellor Mukerjee, of Calcutta, in THE SOCIAL ORDER, Allahabad, U. P., India, December 12, 1937.

India

Bits of withered grass tied around the neck is a cure for malaria.

A charm fastened around the wrist may be a panacea for any malady.

Certain songs and *mantras* sung some months before the *Gosge* festival is an infallible cure for snakebite. If the patient dies anyway, the cause of death is something else, not the bite of the snake.

These are some of the interesting beliefs so entertainingly explained by Rev. J. A. Creane, S.J., in "The Credulous and Superstitious Santals." PATNA MISSION LETTER, December, 1937.

Africa

In her fascinating film-lecture on Nursing the Lepers, which Mother Kevin gave at the International Congress of Catholic Nurses, we find a most comprehensive and up-to-date review of the question in a style which any lay person can understand and appreciate. Her paper is given in full in THE CATHOLIC NURSE. After hearing Mother Kevin explain about the leper problem in Africa, one of the nurses present went to her and offered herself for the mission field in Uganda. THE CATHOLIC NURSE, England, September, 1937.

Africa

The nursing staff of St. Anne's Hospital, recently opened in Rhodesia, Africa, will be composed of the Blue Sisters—the Little Company of Mary. These Sisters were first persuaded to go to South Africa by the Right Reverend Hugh McSherry, of Port Elizabeth, and they now have one of the finest hospitals in the Eastern Province. THE CATHOLIC TRANSCRIPT, February 10, 1938.

Death of Head of World's Largest Hospital

The death of Father Jean Baptiste Ribero, the Superior of *Piccola Casa Divina Providenza,* calls our attention to the "little House of Divine Providence," which today is the world's largest hospital and numbers 12,000 patients, men, women, and children. Religious men and women to the number of 1,000 take care of the institute and its inmates. The Sisters belong to 12 different Communities, each of which has a definite work. There are Brothers who assist the Sisters in nursing the epileptics and mentally ill. Twenty-two priests attend the establishment and say daily Mass in all the wards.

The Reverend Father Jean Baptiste Ribero had been Superior of the hospital since 1916 and was 80 years old at the time of his death. THE ROCK, November, 1937.

International

Announcement is made by the Leonard Wood Memorial (American Leprosy Foundation) that Dr. George M. Saunders, Kingston, Jamaica, has been appointed to make a special world-wide study of the environmental factors in leprosy.

The fourth International Congress on Leprosy will be held in Cairo, Egypt, beginning March 21, 1938.

Australia

Two women are members of the "Flying Medical Service" of Australia, set up to reach by airplane patients living in remote places which bad roads and deep rivers make difficult of access.—THE MEDICAL WOMAN'S JOURNAL, January, 1938.

Madagascar

The lepers of Madagascar have petitioned the Holy Father to proceed with the beatification of Father John Beyzym, who lived and died on the

(*Continued on page* 54)

In Our Library

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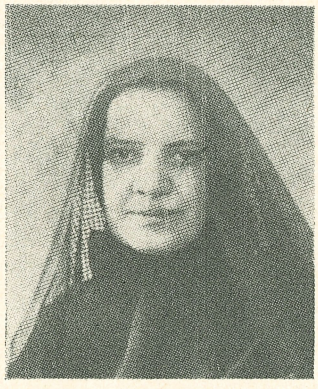
MOTHER FRANCES XAVIER CABRINI. *By Rev. E. J. McCarthy. Published by Mother Cabrini League, Chicago. No price given.*

The purpose of the League is to further the Cause of Beatification and Canonization of Venerable Mother Frances Xavier Cabrini.

Mother Cabrini founded the Missionary Sisters of the Sacred Heart with the intention of working in the Far East. Just when she was ready to send her first Sisters to the Missions, the request came to her to send help to the Italian immigrants in the United States who were in danger of losing their faith for want of religious instruction. It was at a period when Catholic immigrants were pouring into America from every port and the scarcity of priests made it



VEN. MOTHER FRANCES XAVIER CABRINI
Foundress of the Institute of the Missionary Sisters of the Sacred Heart of Jesus.

impossible to meet the religious problems of each group adequately.

Mother Cabrini consulted the Holy Father, Leo XIII, who said to her, "Not to the East, then, but to the West." He blessed her and gave her a letter of recommendation to the Bishops of the United States. That was in 1889. When she died in Columbus Hospital, Chicago, in 1917 she left behind her 67 houses which she had founded herself and 2,000 Sisters trained to her apostolic spirit. Among her foundations are the three Columbus Hospitals, in New York, Chicago, and Seattle, any one of which is an achievement in itself. Her activities were so many and so varied that it will take books to record them. Of herself she says, "Oh! I am just a poor little nun whom nobody minds . . . and people are ready to help me."

SORROW BUILT A BRIDGE. *By Katherine Burton. Longmans, Green & Company, New York. Price,* $2.50.

Rose Hawthorne, a true daughter of Sophia Peabody and Nathaniel Hawthorne, had a full and happy life until the day when sorrow crossed her path and she paused at the crossways. But she did not hesitate. When she was yet a baby her mother said of her, "Since she has had the use of her feet she does not pause in the race of life." The words of her brother, Julian, spoken of her mother might be applied to her: "Her own sufferings, instead of concentrating her thoughts on herself, turned them towards others." Mrs. Burton has not only told an inspiring story, but she has left us a literary classic.

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St. Joseph's Page

Congestion at the Medical Mission House as Bad as in India Says Returned Missionary

India's teeming millions may be tightly packed in their little mud and bamboo huts, but the condition of the Medical Mission Sisters is nearly as bad. Their need of a Motherhouse is desperate!

When the first Sister left for India, over 10 years ago, there were only three left at home, now there are over 40, all housed in quarters that would comfortably hold 15. It is grand to find that the Community is growing so large but unfortunately a house doesn't grow the same way.

St. Joseph, pray for us.

Casting a Meditative Eye on the Cherry Trees

In Hindustan the same room may serve as kitchen, dining-room, parlor and bedroom for untold numbers of people, and if at bedtime some of them are casually crowded out under the stars no one worries. This is soon going to happen to the Medical Missionaries. Already at night they overflow into attic, basement, and office. A few handy caves might help to solve the problem, but alas! there are none. One brave spirit was seen out in the grounds casting a meditative eye at the cherry trees, as though weighing the possibilities of building dormitories in the tree-tops. Such a solution might work very well unless the heavens began to weep at the sight of such a predicament. However, even a few storms would not be such a bad training for the Sisters who will do public health work in Bengal, where there is a more or less continuous deluge for five months of the year, and the Sisters get so used to being soaked to the skin they forget to notice it.

Parlor Cars

One of the most amusing spectacles at the Motherhouse is the sight of guests being entertained in their own cars when the one and only parlor is already occupied. It is also a common occurrence to find a few novices seated in the Society's Ford studying Hindustani or practicing Gregorian Chant when no room is found unoccupied. In nice weather, however, the garden and nearby woods take care of the congestion and classes might be found in most any shady nook.

India, China, Africa Calling

"We want Medical Missionaries and still more Medical Missionaries," is the cry of the Mission Field. There are millions of people, especially women, in the Eastern World, who are entirely out of reach of any medical aid or nursing care, and to whom really good hospitals are unknown. To come to the assistance of these poor people is one of the great aims of the Medical Missionaries. To prepare them, a Motherhouse is a *sine qua non*.

Encouraging Responses

We have recently received two donations of $1,000 each from priests as their contribution to the MOTHERHOUSE FUND. The letter below accompanied the second check and it was so encouraging to us that we want you to read it too.

February 18, 1938.

VENERABLE SISTER SUPERIOR:

In the February issue of THE MEDICAL MISSIONARY I note that donations for the New Mission House are coming in very slow. You state in the magazine that "roughly speaking, housing for one Sister would cost $1,000."

I herewith inclose check for one thousand dollars, as a donation towards your New Mission House, and that the Blessed Mother and Saint Joseph may touch the hearts of at least ninety-nine priests who can and will each give $1,000 towards the Building Fund. These gifts would thus be used for the greater honor and glory of God in the salvation of souls.

Vouchsafe, O Lord, for Thy Name's sake, to reward with eternal life all those who do us good.

Wanted
500,000 BRICKS

for

The New Medical Mission House

TEN BRICKS FOR ONE DOLLAR—HOW MANY WILL YOU CONTRIBUTE?

Enclosed please find $..... for the purchase of ..... bricks for the New Motherhouse.

Sincerely yours,

Name .....

Address .....

.....

Please send contributions to:

SISTER SUPERIOR
MEDICAL MISSION HOUSE, BOX 4405, BROOKLAND STATION,
WASHINGTON, D. C.